

Montana Department of Public Health and Human Services
Child and Adult Care Food Program

LINE - ITEM JUSTIFICATION FFY16

Attachment P

Use this Line-Item Justification form to justify any budget item greater than 5% of the total administrative budget (not required for staff salaries or travel). Please reproduce this page as needed.

Sponsoring Organization:

BUDGET LINE ITEM NO:

DESCRIPTION OF EXPENSES INCLUDED IN LINE ITEM:

JUSTIFICATION:

BUDGET LINE ITEM NO:

DESCRIPTION OF EXPENSES INCLUDED IN LINE ITEM:

JUSTIFICATION:

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DESCRIPTION OF EXPENSES INCLUDED IN LINE ITEM:

JUSTIFICATION:

BUDGET LINE ITEM NO:

DESCRIPTION OF EXPENSES INCLUDED IN LINE ITEM:

JUSTIFICATION:

Signature of Sponsor's Authorized Representative

DATE